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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/733,042	
	Filing Date	Dec 11, 2003	
	First Named Inventor	Robert D. Ivarie	
	Art Unit	1645	
	Examiner Name	To be assigned	
Total Number of Pages in This Submission	3	Attorney Docket Number	AVI-028

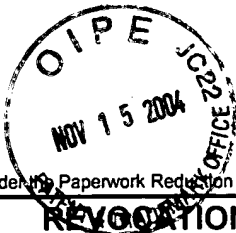
ENCLOSURES (Check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kyle Yesland
Signature	
Date	November 10, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Kyle Yesland		
Signature		Date	November 10, 2004

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/733,042
	Filing Date	December 11, 2003
	First Named Inventor	Robert D. Ivarie
	Art Unit	1645
	Examiner Name	To be assigned
	Attorney Docket Number	AVI-028

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 26,739

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 26,739

OR

☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Partial Assignee. See 37 CFR 3.71

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

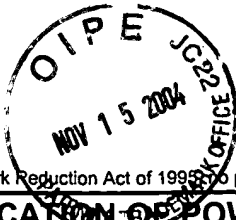
Name	Judy Curry (for the University of Georgia Research Foundation, Inc.)		
Signature			
Date	October 22, 2004	Telephone	706-542-5944

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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OR

☐ Firm or  
Individual Name

Address

Address

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State

Zip

Country

Telephone

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I am the:

☒ Partial Assignee. See 37 CFR 3.71

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name Yashwant M. Desai, President, AviGenics, Inc.

Signature

Date

October 19, 2004

Telephone

706-227-1170

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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